

Virginia Department of Education PO Box 2120 Richmond, Virginia 23218-2120

**Request for Reimbursement**

**NCLB Title II, Part A, Teacher and Principal Training and Recruiting Fund**

County/City Code \_\_\_\_\_ Project Number \_\_\_\_\_ Reimbursement Request Number \_\_\_\_\_

Division \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Budget Codes	Expenditures			Funds Approved
	Budgeted Amount	Current Expenditure	Year to Date Expenditure	State use Only
1000 Personal Services				
2000 Employee Benefits				
3000 Purchased Services				
4000 Internal Services				
5000 Other Services				
6000 Materials Supplies				
9000 Parental Involvement				
Total				

\_\_\_\_\_, School division claims reimbursement for disbursements made during the period \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_ under the provisions of the grant indicated above. This is to certify that the **expenditures listed in this reimbursement have been paid** in accordance with Federal/State approved policies and or regulations of the Department of Education. It is further certified that **documentation is retained and available in the office of the local agency** upon request to support the claim, which is subject to federal/State audits.

Total Amount Claimed this Request	\$ _____
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Prepared By \_\_\_\_\_

Phone Number \_\_\_\_\_

Division Superintendent/Designee \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

APPROVED FOR PAYMENT

Date	Amount	SEA Official
Project Code	CAN#	